

County of _____

of _____

CLERK OF BOARD OF HEALTH.

SPECIAL REPORT.

187

Filed _____

187

Special Report to the State Board of Health, by the Clerk of the Board of Health for

the*.....of.....

County of.....State of Michigan.

To the Secretary of the State Board of Health:

SIR:—The name of the Clerk of this *.....is.....

His P. O. address is.....

County of.....

.....physician is appointed to act as health officer of this *..... The name
of the health officer of this *.....is.....

His P. O. address is.....

County of.....

Of the following "Diseases dangerous to the public health," there are now in this *.....
cases as follows: Of Small-pox.....cases; of Cholera.....cases; of Scarlet Fever.....
cases; of Measles.....cases; of Whooping Cough.....cases; of Typhoid Fever.....cases.There is.....provision by law for a Board of Health within this township † other than the one provided
for in Section 1, Chapter 46, Compiled Laws of 1871. It is for the incorporated village.....of.....
.....‡. The §.....of said village...,the Clerk...
of said Board...of Health; and ||.....name...,as follows:

..... The number of incorporated villages in this township is.....

I hereby certify that, to the best of my knowledge and belief, the foregoing report is correct.

Dated at.....187....

Clerk of the Board of Health of the *.....of.....

[Please fill all blanks in some way, to show that none have been overlooked.]

* Insert the word township, city, or village.

† The clerk of the board of health of each city will please forward a statement of the nature of any legal provisions, or methods of action of his board, other than those specified in Section (1740) 49, Chapter 46, Compiled Laws of 1871; such, for instance, as the delegation of the power of the city council to certain of its members, or to other persons, who act as a board of health.

‡ See Compiled Laws of 1871, compiler's section (1740),—printed in the circular accompanying this blank.

§ Insert the word clerk, clerks, recorder, or recorders, if the truth can be expressed thereby.

|| Insert the word his or their.

¶ Sign full name.